

# CALIFORNIA'S NON-CONFIDENTIAL VITAL STATISTICS FILES

## ORDERING INSTRUCTIONS

Additional copies of this application can be downloaded from the Center for Health Statistics website at:

**<http://www.dhs.ca.gov/ohir>**

The files listed on this application do not contain any personal identifiers\*. Files are available that do include personal identifiers. Please see the section below for further information on obtaining confidential files with personal identifiers.

**To purchase copies of the Non-Confidential Data Files, please complete the attached application.**

- Please read the agreement on the second page of the application and sign where indicated. (Note that the signature is provided under penalty of perjury.)
- Notarized proof of identity is required for the person signing the agreement. Space for notarization is provided on the second page of the application.
- Please enclose your **check or money order** payable to the Calif. Department of Public Health.
- If an invoice is needed in order to process a check, please contact the Office of Health Information and Research below.
- **Please do not mail checks or money orders without a copy of the application or an invoice. Checks sent without proper backup may result in a significant delay in processing the request.**

**Payment must be received before files are released.**

**We cannot accept credit cards or send files via purchase orders.**

**Federal Taxpayer ID Number: 94-6001347**

Please mail the completed application and payment to:

California Department of Public Health  
Office of Health Information and Research  
**Attn: Laurie Smith-Giles, Research Analyst II**  
P.O. Box 997410, MS 5103  
Sacramento, CA 95899-7410

Phone: (916) 650-6888

Fax: (916) 650-6889

E-Mail: [Lsmithgi@dhs.ca.gov](mailto:Lsmithgi@dhs.ca.gov)

**Fed-Ex Deliveries:** Fed-Ex deliveries are not accepted using the P.O. Box above. If you would like to Fed-Ex your completed application and payment, please call or e-mail for the physical location. If you would like the CDs to be delivered via Fed-Ex, you must supply your Fed-Ex account number or a credit card billing number.

**\*Confidential Files Including Personal Identifiers**

Personal identifiers are those fields that could identify an individual, such as Names, State File Numbers, or Social Security Numbers. These fields are confidential and protected. Committee approvals are required to obtain these confidential files. For more information on obtaining approvals and ordering files with personal identifiers, please contact the Office of Health Information and Research at the telephone number or e-mail above.

**To order files on Mainframe tape or for further information, please contact the Office of Health Information and Research.**

## APPLICATION TO PURCHASE CALIFORNIA'S NON-CONFIDENTIAL VITAL STATISTICS FILES

Name:			Date:		
Title:		Organization:			
Street Address:				City:	
State:	Zip Code:	Phone:	Fax:		
E-Mail Address:					

NOTE: The files below do not include personal identifiers of any kind. To apply for access to confidential files including personal identifiers, please contact the Office of Health Information and Research at (916) 552-8095.

CD-ROM Files:	Year(s) Requested:	Cost:	Total:
<input type="checkbox"/> <b>Birth Statistical Master Files</b> Years Available: 1960 – 2006	Year(s) Requested: _____	\$200/year	\$
<input type="checkbox"/> <b>Birth Public Use Files</b> (Sub-set of Birth Statistical Master File)	<b>SINGLE -YEAR FILES:</b> 2000-2006 Year(s) Requested: _____  <b>MULTI-YEAR FILES:</b> <input type="checkbox"/> 1989-99	\$100 for each single-year file. \$200 for each multi-year file.	\$
<input type="checkbox"/> <b>Birth Cohort Files</b> Years Available: 1960; 1965-1997; 1999-2003 (No File for 1998)	Year(s) Requested: _____	\$250/year	\$
<input type="checkbox"/> <b>Death Statistical Master Files</b>	<b>SINGLE-YEAR FILES:</b> 1999-2005 Year(s) Requested: _____  <b>MULTI-YEAR FILES</b> <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98	\$150 for each single-year file. \$300 for each multi-year file.	\$
<input type="checkbox"/> <b>Death Public Use Files</b> (Sub-set of Death Statistical Master File)	<b>SINGLE -YEAR FILES:</b> 2000-2005 Year(s) Requested: _____  <b>MULTI-YEAR FILES:</b> <input type="checkbox"/> 1989-99	\$100 for each single-year file. \$200 for the 1989-98 file.	\$
<input type="checkbox"/> <b>Merged Death Files</b> (Sub-set of Death Statistical Master File)	<input type="checkbox"/> 1990-94 <input type="checkbox"/> 1995-99 <input type="checkbox"/> 2000-04 <input type="checkbox"/> 1975-79 <input type="checkbox"/> 1980-84 <input type="checkbox"/> 1985-89 <input type="checkbox"/> 1960-64 <input type="checkbox"/> 1965-69 <input type="checkbox"/> 1970-74	\$200 for each five-year file.	\$
<input type="checkbox"/> <b>Multiple Cause of Death Files</b> Years Available: 1970 – 2004	Year(s) Requested: _____	\$100/year	\$
<input type="checkbox"/> <b>Fetal Death Master Files</b>	<b>SINGLE -YEAR FILES:</b> 1999-2006 Year(s) Requested: _____  <b>MULTI-YEAR FILES</b> <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98	\$ 50 for each single-year file. \$200 for each multi-year file.	\$
<b>Total Enclosed (No Tax, Shipping, or Handling Fees)</b>			\$

**Proposed Use(s) of Data Files (Attach additional sheets if necessary)**

**Vital Statistics Access Agreement (Signature Required)**

I, the undersigned, under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files provided under this agreement or any portion thereof. I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics. I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes. I understand that per Health and Safety Code, Sec. 102426, the mother's marital status field on birth files may only be used for "demographic and statistical analysis." Utilization of vital statistics files in any way to identify an individual without formal approval of CPHS and the State Registrar is strictly prohibited. I understand that linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475). I understand that violation of this agreement or violation of Health and Safety Code Section 102231 is a misdemeanor punishable by one year in jail and/or a fine of \$1,000 (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Public Health, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Public Health, Center for Health Statistics.

User's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Certificate of Acknowledgement**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

On \_\_\_\_\_, before me personally appeared \_\_\_\_\_,

- ☐ personally known to me, or
- ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.  
(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE

**Center for Health Statistics (CHS) Use Only**

**CHS Rev. Code: 142500-05-84306-4835**

CHS  
Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Application Complete: \_\_\_\_\_

State Registrar, Chief, Center for Health Statistics, Department of Public Health